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APPLICANTS

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** CONTINUING DATA *****
 This appln claims benefit of 60/441,036 01/13/2003 *cf*

** FOREIGN APPLICATIONS *****
none cf

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 04/19/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Can</i> Examiner's Signature <i>Initials</i>	STATE OR COUNTRY MN	SHEETS DRAWING 1	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 3
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ADDRESS
 32300
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TITLE
 Personal continuing education kit for dentist and method of use therefore

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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